

# PHILADELPHIA MEDICAL TIMES.

SATURDAY, NOVEMBER 16, 1872.

## ORIGINAL LECTURES.

### CLINICAL LECTURES ON PROLAPSE OF THE WOMB.

BY WILLIAM GOODELL, M.D.,

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#### LECTURE I.

THE term *prolapse of the womb*, in its primary and strictly etymological sense, means the displacement of the womb as a whole by descent. A wider meaning has, however, been loosely given to it, partly because our nomenclature does not keep abreast with the times, and partly because it is not easy to give up a term firmly established by long use. Three widely different affections are now included under it, viz.: (a) A simple descent, or settling down of the womb. (b) A hypertrophic elongation of the infra-vaginal portion of the cervix. (c) A (so-called) hypertrophic elongation of the supra-vaginal portion of the cervix. In its present comprehensive sense, then, the term *prolapse of the womb* has come to signify a condition of that organ in which the *os tincæ* is found lower down than natural, the position of the fundus being practically disregarded. Apart from the violence thus done to language, there is questionable propriety in including under one general name three distinct lesions, simply because they happen to have one symptom in common.

In the simple prolapse of the womb,—which should more properly be called a substantial descent of the womb,—that organ as a whole, together with its furniture of tubes, ovaries, and ligaments, merely sags down, dragging with it the vagina and the bladder. The degree of displacement being proportioned both to the weight of the prolapsing body and to the relative relaxation of its supports, the womb will be found either more or less low down in the vagina, or else wholly extruded from the vulva. By many writers, the transitional stages of descent while the womb is yet within the vagina are included under the term *prolapsus uteri*; but when the descent is complete, and the womb wholly or in part outside of the vulva, the condition is called *procidentia uteri*. I must, however, warn you that these distinctive names have not been adopted as such by the profession at large; for by some they are employed interchangeably, as if they were synonyms, and by others in a reversed sense. The terms *complete* and *incomplete* would, therefore, be far more acceptable.

Studies from life quicken our apprehension far better than diagrams or verbal descriptions, and I shall therefore illustrate this form of displacement from one of our patients. This tall, thin woman is unmarried, and, although over sixty years old, is obliged to work hard for a living. Five years ago

she began to suffer from a leucorrhœa, from dragging pelvic pains, and "bearing down" sensations. These symptoms had lasted for a few months, when one day, as she was in the act of lifting a scuttle of coals, "something gave way," and with a sudden pang of pain, her womb jutted out from the vulva. At first, after being replaced, it would stay so for one or two days; then, only for a few hours; but now, as long as she is on her feet, it hangs outside of her body. After getting into bed she is always able to push it back into the vagina, where, unless she coughs, it remains until morning. Of course, by this complete descent of the womb, all her former sufferings have been heightened; whilst in addition she now experiences difficulty in emptying her bladder, and strains much at stool.

As I expose the parts, you see a pyriform tumor hanging from the vulva. At its apex there is an opening—the *os externum*—into which I now pass up this sound to a distance of not quite two and a half inches. Now, since I can feel the tip of the sound outside of the vulva, and can with my fingers also define in the tumor the whole outline of the womb; and since a rectal examination informs me that the womb and vagina have vacated the pelvis, there can be no doubt that we are dealing with a case of complete prolapse, of true hernia, of the womb. The vagina, being of course completely inverted, as much so as a stocking turned inside out, constitutes the hernial sac; but the weight of the womb has not been sufficient to smooth out its rugæ. I wish you particularly to note the fact that the womb is retroverted and somewhat retroflexed. This results necessarily from the mechanism of descent, whenever the womb is the primarily prolapsed organ. For, since the womb is, as it were, slung at its middle, viz., the *os internum*, by its attachment to the bladder, it follows that in its descent the fundus must hug the sacrum, and describe the arc of a circle around the internal *os* as the centre of motion. Further, since the fundus is the heavier end of the suspended body, and also is forced down by the bulging in of the rectum into the vagina during the act of defecation, whilst the cervix is braced against the pubes or the neck of the bladder, some degree of bending will usually ensue. In fact, a retroversion or a retroflexion is but a modified form of prolapse, and must perforce precede the extrusion of a primarily prolapsed womb.

This simple form of prolapse is very generally the result of senile atrophy, and is therefore far more commonly found in old women. The pelvis has lost its padding of fat; the lax and wrinkled vagina no longer holds up the womb; the retentive power of the abdomen has been weakened by the absorption of the fat-packing in the omentum and in the abdominal walls. By the general decrepitude of old age, or by the muscular debility from disease, the woman's figure becomes altered. Her spine loses its sigmoid shape, her shoulders droop, and her chest bends forwards. Hence, the axis of the superior strait, instead of striking a point on the abdomen below the umbilicus, tends now to coin-

cide with the axis of the trunk. As a consequence, the intestines crowd down into the pelvis, and their weight is spent, not upon the pubic bones and the adjacent portion of the abdominal wall, but directly upon the womb, which now no longer lies under the shelter of the sacral promontory and of the lower lumbar vertebrae.

In younger women there are other causes which bring about this form of prolapse. For instance, those which increase the weight of the womb, such as congestion, subinvolution, and the presence of a polypus or of a fibroid tumor; those which weaken the lower supports of the womb, and shorten and straighten its line of descent, such as a relaxed vagina, and perineal lacerations; those, finally, which produce succussion or compression from above downwards, as a chronic cough, long-continued vomiting, tight-lacing, the wearing of skirts supported from the waist, and last, not least, the prolonged use of the obstetric binder, under the mistaken notion that it preserves the shape. Again, there are acute cases of prolapse from sudden jars, or from abrupt abdominal pressure.

This form of prolapse was deemed almost the only one until Huguier, in 1859, contended that so far from being a common form, it was an exceedingly rare one, and especially so when compared with that caused by a hypertrophic elongation of the supra-vaginal portion of the cervix. As you grow, and as knowledge grows, you will often be constrained to strip off even the poor tatters of some traditional belief; but I cannot yet ask you to adopt Huguier's opinion, supported though it is by many careful observers. My own observations teach me that the simple prolapse of the womb is by no means an infrequent affection of women—preferably of old maids—who have passed the climacteric, or who have been unbraced by chronic ailments. Nor have I failed to find it in younger subjects; although in such cases, either from imperfect involution after labor, from inflammatory action, or from subsequent derangements of circulation in the pendent mass, and also from friction and exposure to the air, there is usually some degree of hypertrophy of the womb, in its totality, however, —fundus, corpus, and cervix,—and not in one portion to the exclusion of another.

The indication in the treatment of this poor woman is clearly to return the womb and keep it in its place. As the perineum is intact, I think this can be done by Hodge's pessary or by some one of its modifications, which acts by restoring the posterior wall of the vagina and by propping up the fundus. At the same time I shall enjoin her to keep the contents of her bowels soluble, to avoid the lifting of heavy weights, to wear loose dresses, and to support her underclothing by shoulder-straps. Should the floor of the pelvis prove too slack to sustain this or the ring pessary, I shall try one which has an external base of support, such as Cutter's or Harlow's. Were her womb hypertrophied or otherwise diseased, in addition to the use of the pessary a special treatment should be addressed to these complications. Had she a torn perineum it would be well not only to restore it; but, by prolonging

the incisions, to narrow still more the outlet of the vagina. This operation will of itself temporarily prevent the extrusion of the womb; but it can give permanent relief only when it furnishes to the pessary a firm base of support. To maintain an erect carriage, and to restore the sigmoid curve to the spine, a brace with a pad over the lumbar vertebrae is said to answer well; but with this I have no experience whatever. In general, whenever the prolapse is incomplete, and dependent, as it then usually is, upon some congestive or inflammatory condition, begin your treatment, not with pessaries, but with the usual remedies for such lesions. By removing the cause you remove also its consequences; but when foiled in this, then, and only then, may you resort to mechanical means.

In the second variety of prolapse,—that from a *hypertrophic elongation of the vaginal portion of the cervix*,—an entirely different condition obtains. Through nutritive activity this portion of the cervix becomes larger and much longer than natural; and although by its increased weight it usually drags down the body of the womb somewhat, yet this is so unessential a sequence that the affection has been termed “prolapse without locomotion of the fundus.” In this variety, the cervix so rarely attains to a length greater than that of the vagina that, in our clinic, we have not yet met with an example in which the os tincae showed itself outside of the vulva. You are, however, all familiar with that modified form of it, the conical cervix, which is interesting from its bearing upon dysmenorrhea and sterility. Whenever the vaginal portion of the cervix is so long as to protrude from the vulva, it is, as a rule, either a congenital condition or an exaggeration of a congenital condition, and is therefore found in nulliparae. In child-bearing women, through metritis from the contusions of repeated labors, the vaginal portion often takes on an hypertrophy, but this is then less an elongation than a general increase in every direction. There is yet another form of hypertrophic elongation which involves one lip of the os, usually the anterior. The prolongation becomes proboscis-like, and, from its resemblance to the snout of the tapir, has gained the name of *tapiroid*. All these acquired forms of hypertrophy are usually traceable to the traumasms of labor, or to defective involution.

From the diagram (Fig. 1) you can see that the diagnosis of these affections is not difficult. Their character is sufficiently marked by the unnatural length of the uterine cavity and by the absence of vaginal invagination and of vesical prolapse. The tapiroid cervix may possibly be mistaken for a polypus, but, as the remedy in each is the same, no harm could happen. In all the varieties of hypertrophy attended by elongation, the redundant portion of the cervix when troublesome must be cut off. For this purpose the scissors, the écraseur, and the galvano-cautery, have each its advocates. The risk from hemorrhage is less when the latter instruments are used; but the scissors offer the advantage of a cleanly incised stump which the operator can cover by sliding over and stitching together the edges of the surrounding mucous membrane. Healthy ti-

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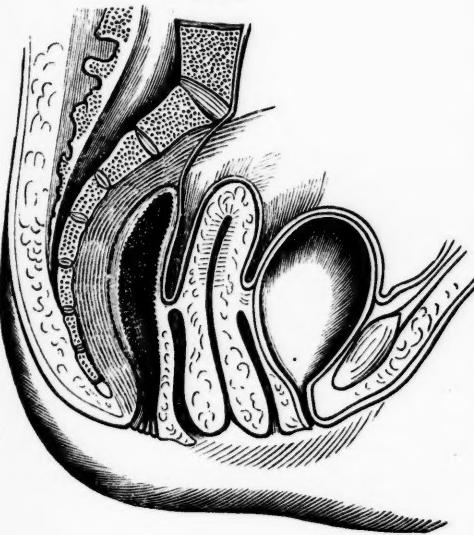
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sue being thus substituted for unhealthy, there can be no return of the disease, and further, the wound will sooner heal. For the details of this operation, I must refer you to Dr. Sims's classic work upon uterine surgery.

FIG. I.



Let me here warn you against performing at your office this, or any other cutting operation upon the cervix or the vaginal tract. A smart hemorrhage is pretty sure to follow, either then and there, or else after the ride home; but, with your patient in bed, you can always control it by astringents or by the tampon. I shall not soon forget a scrape of this kind I once got into, by snipping off several clumps of venereal warts—I have been shy of them ever since—from the vagina of an office-patient. The bleeding resisted every astringent within reach, and as she resisted harsher remedies, I was glad enough to be able to staunch it with a tampon. What with the fright and the pain, there was no getting my patient home; she lay on my sofa the better part of a day; and that, to say the least, was not agreeable.

## ORIGINAL COMMUNICATIONS.

### A FATAL CASE OF PURULENT AURAL CATARRH.

BY GEORGE C. HARLAN, M.D.,  
Surgeon to Wills Ophthalmic Hospital.

T. M., a strumous girl, twenty-two years of age, had been subject since early childhood to occasional attacks of pain in the left ear, with slight discharge, but they had never been considered serious, and but little attention had been paid to them. When I was called to see her, on the 23d of December, there was violent pain in and around the ear, and distressing tinnitus. The watch was heard on contact only. The meatus was nearly closed by swelling of its lining membrane, rendering any examination by the speculum impossible.

She was ordered frequent syringing of the meatus with warm water, poultices over the ear, leeches to the mastoid process, hot foot-baths, and anodynes; and calomel was administered until her gums were slightly touched.

On January 9 the pain was still violent, and some tenderness and swelling over the mastoid were noticed. Her strength and appetite were failing. Quinine, wine-whey, and beef-tea were ordered, and an incision about an inch long was made over the mastoid through the periosteum.

On January 14 the incision, which, after discharging a little pus, had closed, reopened, and there was a free discharge through it and from the meatus. The pain was much relieved, and the watch could be heard at 1".

January 16.—The discharge was quite copious, and the pain in the ear and tenderness of the meatus had disappeared; but she complained of violent pain in the forehead, temples, and top of the head, and there were nausea, vomiting, and sleeplessness. The mind was clear, the pupils active and vision undisturbed, and there was no paralysis of any of the cranial nerves.

January 18.—The swelling of the meatus had subsided sufficiently to enable me to discern by the speculum and mirror that the membrane was destroyed, and that a rounded polypus with a broad base was attached to the upper wall of the tympanum just within its anterior border. This was removed with Wilde's snare and the polypus forceps, and a cheesy matter was washed from the tympanum.

As a means of diagnosis, the left pupil was dilated by atropia and the fundus examined by the ophthalmoscope.

The examination revealed a most beautifully-marked optic neuritis, or, more correctly, the "choked disk" described by Jackson and Allbutt. The disk was edematous, congested and much swollen, its arteries contracted, its veins engorged and its margins obscured, and there were small extravasations of blood upon its surface. The rest of the fundus was normal. Near vision was not carefully tested before the action of the atropia, but, even afterwards, she could readily tell the time by a clock at the other end of the room. Free leeching at the temple and mastoid was ordered.

January 21.—The pain had been much less severe, and was confined principally to the occipital region. She complained of double vision, and the external rectus of the left eye was found to be completely paralyzed. The fundus of the right eye was examined, and the disk found to be in the same condition as that of the left. Vision was tested with fine print, and found to be excellent. Iodide of potassium and mercurial inunction were ordered, and blisters applied to the temple and occiput.

January 25.—The external rectus of the right eye was paralyzed. The pupil was still active, and there was no other paralysis of motion or sensation. The engorgement and swelling of the disk was much increased; its position could be recognized only by the point of emergence of the veins. Vision was still good.

January 28.—The patient died, apparently from exhaustion. There had been no delirium or coma, and she spoke intelligently a few minutes before death.

Dr. Thomson, who saw the case with me, kindly assisted at the post-mortem examination. As it was made with the partial and conditional assent of the friends, early on a winter morning, in a bitterly cold room and with a member of the family standing guard at the partly-opened door, it was not so prolonged or thorough as we should have liked it to be.

The veins beneath the scalp on the back part of the head were much engorged, bleeding freely when cut. The membranes of the brain were highly congested, but there was no effusion. The brain-substance showed very

few vascular points on section, and was scarcely at all altered except the middle lobe of the cerebrum on the left side, where a large abscess was found, containing more than an ounce of greenish pus, and resting on the temporal bone, from which it was separated by the membranes. In these, however, there was a small opening.

The brain around the abscess was slightly softened, but not congested. There was a thick deposit of lymph on the upper surface of the petrous bone, but no pus. On removal of the lymph the bone was found carious beneath it.

The temporal bone was removed, and macerated for further examination. It was then found that nearly half of the roof of the tympanum, from the entrance of the Eustachian tube backwards, was destroyed. The opening from the tympanum to the mastoid cells was very much enlarged, and the upper wall of the horizontal portion of the cells was carious and contained several large holes. The upper and posterior wall of the bony meatus was "honey-combed," and several small openings communicated with the mastoid cells. The mastoid process was very imperfectly developed, and the vertical cells were not formed.

There are several points in this case that are worth considering.

In the first place, it adds one more to the many recorded warnings against neglecting "a slight discharge from the ear," and allowing the disease to progress year after year until the bone becomes carious. The wonder is, that this result is not more frequent. When it is once established, the patient's life henceforth hangs by a thread. An exposure to cold or a slight blow upon the ear may at any time light up a meningitis or cause a cerebral abscess. Death has also often resulted without any affection of the brain, from pyæmia, with metastatic abscess in the lungs, or joints, or elsewhere. The greatest protection of these cases is in the free discharge of pus from the external meatus, as the membrane is always partially or wholly destroyed. My patient was deprived of this by the obstruction of the polypus, and the great swelling of the meatus.

This subject has an important bearing upon life-insurance, and some English companies decline to consider the case of an applicant who has a chronic discharge from the ear.

Secondly, in regard to the treatment.—I must confess that I should have recorded the case with more satisfaction if, instead of contenting myself with a deep incision over the mastoid, I had trephined the bone in a comparatively early stage of the disease. But, as reported mistakes are often more instructive, and always more rare, than reported successes, I publish it in the hope that it may prove a lesson to others, as it has been a very impressive one to me.

The case, however, was by no means a plain one. There was no positive proof of the presence of pus at the commencement, and afterwards I was misled by the amelioration of the symptoms; while the active pupils, and the absence of paralysis, fever, or mental disturbance, left me in doubt whether the intense pain might not be attributable to neuralgia, to violent attacks of which the patient, an hysterical girl, had long been subject.

Thirdly.—The ophthalmoscopic examination affords an illustration of the great value of this means

of diagnosis in cerebral disease. Though this use of the ophthalmoscope has been urged with great earnestness and ability by Hughlings Jackson and others, it is not yet so general, in this country at least, as it should be. Even ophthalmic surgeons are, perhaps, too prone to forget that perfect vision is not positive proof of a normal fundus.

Fourthly.—The existence of such extensive disease of the brain with no other subjective symptoms than pain, exhaustion, and occasional nausea, is remarkable.

Fifthly.—The paralysis of both external recti, without any other paralysis, is unusual, but the examination was not sufficiently minute to afford even a suggestion of its cause.

## TWO SURGICAL CASES.

BY WILLIAM C. KLOMAN, M.D.,  
Baltimore.

E. S., a boy of about eight years of age, while playing with some pennies which had been given him, put one into his mouth, and accidentally swallowed it. He is a German boy, unusually dull of intellect, and gave a very unintelligible account of his sensations. Upon being questioned, he was not certain whether he had swallowed the cent or not, but said he felt pain in his breast—"there!" pointing to his left side, below the region of the heart. Upon looking into his throat as far as possible, and seeing nothing unusual, I took it for granted that if he had swallowed the coin it had passed into his stomach, and in due course of time would be voided per anum. So I advised that he be fed plentifully with mush and milk, and that a dose of castor oil be given him the next morning. His bowels were moved copiously in consequence on the following day, but nothing was seen of the coin. I recommended patience, strictly enjoining that every evacuation be carefully examined, and thus several days passed without my hearing from him. On the sixth day after the cent was swallowed, I was sent for, and was told that the boy complained more than ever of pain in the region above spoken of; that he could scarcely swallow, and had no appetite; that he had had a stool every day, but that no coin had been found. The boy insisted that it was lodged in his throat. I again examined his throat, but could see nothing unusual. I then determined to get one of the probangs with a movable joint at one end and a piece of sponge at the other, such as are used for extracting coins or other foreign substances from the cesophagus. I pressed the end with the movable joint, and met with some resistance near what I supposed must be the cardiac orifice of the stomach; with a little manoeuvring, I fixed the probang upon some object, and it required some degree of force to withdraw the instrument. When I did withdraw it, I brought up a large old-fashioned cent of the year 1818. It was covered with mucus; upon one edge the mucus was somewhat bloody, and there were some shreds of



food adherent to it. The boy was perfectly relieved, no symptoms following.

C. M., a boy aged ten years, while playing in an old burial-ground, fell upon an iron railing, one of the points penetrating the abdominal wall at a point one-half inch towards the median line from the anterior superior spinous process of the ilium. The point of the iron was slightly bent, forming a hook; and in disengaging the boy from it, a piece of omentum about three inches long was dragged from the wound and considerably lacerated. I was immediately sent for, and found the omentum still bleeding. The boy looked pale and frightened; his pulse was small and frequent, but there was no vomiting. I had the usual difficulty in attempting to reduce the protruded omentum, but succeeded with the aid of chloroform. Instead, however, of returning the entire piece of omentum, I thought it best to pass a ligature around the bleeding and lacerated portion, with the view of removing it the next day. I passed the ligature around it, close to the integument, and tied it. The portion thus constricted was about one inch and a half long, and filled up the wound entirely. I then simply covered it with a cloth wrung out of warm water, enjoined complete rest in the recumbent posture, the room to be kept darkened and quiet, and the patient to be kept upon very low diet, and that only fluid. I ordered him one-half grain solid opium at once, five grains hydrate of chloral in two hours, if not asleep; the two remedies to be alternated every second hour, unless he fell asleep.

The following day my patient expressed himself as feeling comfortable; his bowels had not been moved, but he had passed his urine. I removed the ligated portion of omentum with scissors. Adhesion had taken place, and the wound was hermetically sealed. I continued the treatment. On the third day, there being no symptoms of inflammation, I lengthened the intervals between the remedies to three hours, still enjoining rest and quiet. On the fourth day he had a copious evacuation from his bowels, and, there being no symptoms of inflammation, I discontinued all remedies. The wound looked healthy, granulating finely, and he recovered without the slightest sign of peritonitis.

#### HÆMATOMA OF THE EAR.

BY WILLIAM KELLER, M.D.,

Philadelphia.

**HÆMATOMA** of the ear (*hæmatoma auriculae, othæmatoma of authors*) is a tumor, which grows from the inner side of the concha auriculae, is fluctuating to the touch, and when opened shows generally as its contents fluid blood.

Prof. R. Virchow, who compares it with the cephalæmatoma of new-born children, gives in his book on "Morbid Tumors," vol. i. p. 136, fig. 13, a very good representation of it.

Since 1833, when Dr. Bird of the insane asylum of Siegburg described this form of tumor, many cases of the kind have been observed in patients

whose mental and physical energies were in a decreasing condition which would, sooner or later, reduce them to a state of idiocy.

In recent cases the ear is observed to be somewhat painful, reddened, and showing an increase of temperature; which inclined physicians to call this affection erysipelas of the ear. Soon after its appearance a kind of cyst containing blood is formed between the perichondrium and the cartilage. On close examination, small disks of cartilage are found clinging to the perichondrium, which have been detached from the cartilage of the ear.

The consideration of the origin of this tumor has led to great controversies, most authors regarding it as the result of external injuries inflicted by the nurses or by the patients themselves; which, however, cannot be considered as its cause, from the fact that patients affected with symptoms of excitement, living in the same asylum and in the same circumstances, never show this phenomenon. Though it has been stated that the Greek pancratists show in the still existing statues the same deformity of the ear which follows the absorption or evacuation of the blood, I never have observed in healthy persons similar symptoms, even after repeated injuries of the ear.

This subject has been written upon and discussed a great deal more than its practical importance would seem to demand; but, as all knowledge is useful, it seemed to me interesting to relate the explanation of Brown-Séquard, given in his recent lecture on diseases of the brain. According to this physiologist, the extravasation of the blood in the concha of the ear is caused by a lesion of the left posterior part of the brain, which may be produced in animals artificially by attacking this part of the brain. This will explain, in a reasonable and conclusive manner, a symptom whose real cause is so far unknown to us.

#### NOTES OF HOSPITAL PRACTICE.

##### PHILADELPHIA HOSPITAL.

MEDICAL CLINIC OF DR. H. C. WOOD.

Reported by Dr. W. H. PARRISH, Resident Physician.

A CASE OF OBSCURE MALIGNANT FEVER.

**H.** H., æt. 42, a common laborer, and a native of Ireland, was admitted to the drunkards' ward September 27, 1872, in a state of intoxication and in a generally depressed condition. He had been drinking hard for some time, and had been an inmate of this ward on several previous occasions. After recovery from the immediate effects of his debauch, he complained only of pain and tenderness in the lumbar region, and was walking about. He was, however, pale and weak, though he slept well at night. He was cupped over the seat of pain, and placed under tonic treatment. There was no albumen in the urine, and it was free from blood.

On the evening of October 8 he had severe pain in both knees, with some dryness and heat of skin. That evening he was transferred to the medical ward, and received Dover's powder, gr. x.

October 9.—Rested well during previous night. Received cinchonae sulph., gr. xx. At 11 A.M., however, had a severe rigor, followed by high fever. At 7 P.M. his temperature was 107° F., but no delirium. Pain continued in knees and lumbar region. At night again received Dover's powder.

October 10.—A.M. Felt better than on previous evening. The fever was evidently lowered, though the temperature was not taken. Received cinchonae sulphatis, gr. xx.

P.M.—Had a rigor, though it was less severe than on the previous day. Evening temperature 106½° F. No delirium; Dover's powder again at night. For several days there has been some diarrhoea, amounting to three or four passages during the twenty-four hours, but no tympanitis.

October 11, 9 A.M.—Patient did not rest well during last night, though no delirium was present. Temperature now is 100½°. He looks pale, and the tongue is dry and brownish.

12 noon.—Dr. Wood saw him. Temperature 103½° F. There has been no rigor to-day, but the man is evidently worse; is more restless. The abdomen is somewhat tympanic, and the bowels continue to be loose. There is no petechial or other eruption.

2.30 P.M.—Temperature 104° F. Respirations 24, and laborious; though the lungs, on auscultation, seem clear, as do also the heart-sounds. Pulse 82. There are some muscular twitchings. Delirium present, but not very marked. Patient is inclined to lie in a semi-comatose condition, with low mutterings at times. The eyes are kept closed; pupils not contracted. The patient was now put in wet sheets wrung from water of the temperature of 37° F., and then well wrapped in blankets. When placed in wet sheets, he spoke of the cold, but no shiverings attended the process. In 20 minutes the temperature had fallen from 104° F. to 103° F. The respirations remained at 24, and the pulse had fallen from 82 to 76. There was no perceptible change in the other symptoms.

At 2.50 P.M. the same process of packing in wet sheets was repeated; temperature of the water remaining the same. In half an hour the temperature of the patient was 102° F.; a fall in that time of 1° F. There was less subsultus, and the delirium was somewhat diminished. The respirations were 18 per minute, and were less laborious. The pulse was 74. He was now taken from the wet sheets and placed between dry blankets.

—At 9 P.M.—Temperature 104° F. Respirations 30. Pulse 100. At midnight, and on the 12th at 5 A.M., temperature, respiration, and pulse remained the same as at 9 P.M.

October 12, 9 A.M.—Seen by Dr. Wood. Has received, this morning, fifteen grains of quiniae sulph. by the mouth. Temperature now 106° F. Respirations 50 and quite laborious. Pulse 132 and feeble. The man is delirious; is constantly talking to himself, but becomes aroused when spoken to. There is so much subsultus tendinum that the pulsations of the radial artery can scarcely be counted. He endeavors to protrude the tongue, but seems to want the ability. Quiniae sulph. gr. v were now injected subcutaneously.

9.30 A.M.—Temperature 105½° F. Respirations 40 and very laborious. Pulse found to be 140, though counted with exceeding difficulty in the temporal artery. Subsultus and delirium very decided. Patient lies with eyelids open and eyeballs rolled upwards but not fixed; pupils dilated. He mutters wildly and indistinctly; jerks his arms about and clutches at imaginary objects; does not protrude the tongue, and seems not to appreciate anything spoken to him. This morning he passed his faeces and urine in bed unconsciously. Now enveloped in sheets wrung from water of 49° F.

9.50 A.M.—Seems more rational.

10 A.M.—Still in sheets. Temperature 104° F. Pulse 144. Respirations 34, and apparently less laborious. Tongue is protruded more readily; it is dry and brownish.

10.15 A.M.—Pulse 140. Respirations 44, and becoming more laborious; delirium again very decided. Can with difficulty be sufficiently aroused so as to protrude the tongue. His face is covered with drops of perspiration.

10.45 A.M.—Temperature 104° F.; other symptoms as at 10.15.

12.45 P.M.—Temperature 105° F. Respirations 40. Pulse counted with uncertainty, but made to be 106. Delirium and subsultus very decided. Trachea full of râles. He will, however, protrude the tongue when aroused.

1.30 P.M.—No change in general symptoms.

3 P.M.—Temperature 108°. Respiration 42. The pulse from its feebleness and the subsultus is uncertain, but made 110; no change in the other symptoms. Patient was now taken from the sheets used at 9.30 A.M., and placed in others taken from water of 50° F.

4 P.M.—Temperature 104° F. Respiration 56. Pulse too feeble to be counted.

4.20 P.M.—Patient died.

*Autopsy*, eighteen hours after death. Congestion of all the thoracic and abdominal viscera; spleen somewhat enlarged and friable; liver also softened; large, and a portion of small, intestines, congested, but Peyer's patches apparently normal. Brain not examined.

Dr. Wood, after narrating the above history and presenting the specimens to the class, remarked that the case was one of malignant fever, whose character was somewhat uncertain, yet probably was a pernicious malarial combined with a typhoid. It might be malignant typhus, but the chills militate against such a view. There is a form of fever, a pyrexia, occurring in rheumatism, which presents a somewhat similar character. In it the temperature suddenly rises to an intense degree, accompanied with delirium and all the symptoms of extreme adynamia. In this case, however, there were no decided evidences of rheumatism, although there was pain in the knees and back.

I have thought it would perhaps be well to remind you of the effects of heat upon the animal economy, and it was chiefly with the view of calling your attention to this subject that I have presented this case to you to-day. If you were to place an animal in a hot box, its temperature would rise to 108° or 110° F., and in the pigeon to 120° F. With this rise in temperature there would be all the symptoms of a high fever. Prostration, weakness amounting to paralysis, coma, and death, either with or without convulsions, would be the result. Should you remove the animal, when yet alive, from this box and place it in cold water, the temperature of the water would be seen to rise and that of the animal to be lowered. With this lowering of the temperature the animal would revive, and become restored to its normal condition, if the experiment had not been carried too far. If you have a man unconscious from sunstroke, with a temperature of 108° or 110° F., and with the application of cold water reduce that temperature, consciousness will often be restored. Bleeding in sunstroke will also reduce the temperature, but its employment must not be resorted to, as the loss of blood will lessen the chance of a final recovery.

The adynamia, subsultus tendinum, delirium, and other nervous symptoms of fever, are in great measure due to the effects of a high heat on the nervous centres. Moreover, in a high state of the animal temperature there is an increased oxidation, or in other words abnormally great waste of the tissues, while at the same time gland-action is diminished by the heat itself. The channels of exit for effete matter being thus choked at the very time that there is an increased pro-

duction of such material, there is a constant accumulation of poisonous matters in the system, and a consequent aggravation of the unfavorable symptoms. It must be borne in mind, however, that by reducing the temperature we do not effect a cure, we only abate the symptoms and diminish the chances of a fatal termination.

If the patient's temperature is not more than  $102^{\circ}$  F., never use the packing; but if the temperature is  $104^{\circ}$  F. or higher, life may depend upon its use. If above  $103^{\circ}$  F., do not be afraid to employ external cold and to advocate its value. The simplest method for general use is the application of the wet sheets. The water should be cold, its temperature approaching that of ice-water. Having wrung out the sheets, envelop the patient with them, and surround him with blankets. Repeat this process every twenty minutes, until the temperature is reduced below  $103^{\circ}$  F. If the wet sheets seem inadequate, resort to the cold bath; or, as some advocate, let the bath be tepid at first, and cold water be gradually added until the temperature is sufficiently reduced. The effects obtained from the latter method are not so pronounced, but are more permanent, than when the bath is cold from the first. In Germany the patient is sometimes placed upon ice-mattresses, made of rubber, and, when used, containing pounded ice. In this way the same effects are produced, but this plan is less applicable in private than in hospital practice. You will meet with no little opposition to the application of cold to the general surface in fevers, but you can appeal not only to common sense; you can point to such records as those of the German hospitals, in the late Franco-Prussian war, when the mortality of the continued fevers was reduced by a large percentage by this treatment.

The temperature-record of this case presents also another interesting feature. Five grains of the sulphate of quinia were given hypodermically, when the temperature was  $106^{\circ}$  F., and rising. In twenty minutes there was a reduction of one-half degree, affording an instance of the very general effect of quinia in fevers. Five grains of quinine injected under the skin are equal to about fifteen grains *per orem*. The hypodermic use of this drug must not be resorted to, however, unless there is some positive and unusual indication. An abscess with a sluggish ulcer is at all times to be apprehended. If there is not a thorough solution of the drug, a few points of crystals will be left in the tissues, insoluble or nearly so, by the fluids in contact with them, thus remaining as permanent irritants. The preparation used in this house consists of water, one ounce; quin. sulph., one drachm; and tartaric acid enough to dissolve the salt; the solution to be *passed through filtering-paper*. I am not certain that tartaric acid is better than some other acids. The acid, however, whether one or the other, is not what gives rise to the local trouble. With proper precaution in the use of the preparation named, abscesses will be rare.

(To be continued.)

**CAFEINE** (*Lancet*, Oct. 12).—In a recent number of *Pflüger's Archiv* Dr. Aubert describes some researches on this substance. Seeking to ascertain the proportion of caffeine or theine in a cup of coffee or tea, he arrived at numerical results somewhat above those of his predecessors. According to him, a cup of coffee, forming an infusion of 16.75 gr. of dry coffee-grains, contains about 0.1 gr. to 0.12 gr. of caffeine; and an infusion of 5 gr. to 6 gr. of dry leaves of very good tea contains about 0.1 gr. to 0.12 gr. of caffeine.

He studied the effect of this alkaloid on the nerves, muscles, respiratory movements, heart, and circulation. Caffeine increases the reflex excitability, and may pro-

duce tetanus. Dr. Aubert, with most authors, considers this a medullary tetanus; for it is not produced in the leg of a frog if the ischiatic nerves are cut, and it takes place in a limb the circulation in which has been stopped by a ligature before the subcutaneous injection of the caffeine into the skin of the back. An injection of 0.005 gr. into the skin of a frog, 1.20 gr. into the jugular of a rabbit, 0.200 gr. into the jugular of a dog or cat, produces tetanus. Dr. Aubert did not observe the weakening of excitability of the nerves referred to by Voit and others. According to him, the nervous excitability is altered only in the case of the nerve being plunged directly into a solution of caffeine. The muscular excitability is not affected so long as the caffeine is not applied to the muscles themselves.

Confirming Uspensky's experiments, Dr. Aubert shows that the production of apnoea by means of artificial respiration (?) counteracts the development of the convulsions produced by caffeine,—a phenomenon similar to that which Rosenthal was the first to apply in cases of strychnic tetanus, and which appears to be applicable to all tetanus produced by reflex influence. As to the dose necessary to kill an animal apnoeised, they were various; 3 gr. of caffeine did not kill a dog of 10 kilos, in which artificial respiration was produced. Other dogs in the same conditions succumbed to an injection of 0.25 gr. of caffeine. Caffeine at first produces an increase in frequency of the pulse, but a diminution of its bulk takes place very quickly (one minute after the injection), and sometimes determines the immediate death of the heart. Small doses, 0.1 gr. to 0.15 gr., injected into the skin, produce no effect on the heart of a rabbit, while a dose of 0.25 gr. causes an acceleration of the heart and the respiratory movements. The increased rapidity in the heart-beats and the rise of arterial pressure observed may be attributed, Dr. Aubert thinks, to a paralysis, more or less complete, of the nerves proceeding from the ganglia to the muscles of the heart and an excitation of the arresting apparatus of the heart. He does not agree with those who say it is caffeine which gives to coffee its principal qualities. He thinks the reviving action of coffee, which makes it such a favorite beverage, is not yet scientifically explained.

**RUPTURE OF THE URINARY BLADDER.**—Dr. Erskine Mason, in the *New York Medical Journal* for August, 1872, gives an account of a case of rupture of the urinary bladder in a man twenty-six years of age, in whom, general peritonitis being imminent, the bladder was laid open through the perineum, as in the lateral operation for stone. This was done nearly forty-eight hours after the accident (a fall down a long flight of steps), and on the thirty-seventh day he was discharged cured.

Dr. M. refers to the literature of the subject, quoting Dr. Stephen Smith's paper in the *New York Journal of Medicine* for 1851, as the best ever written upon it. In this there are tabulated seventy-eight cases, with only five recoveries. Mr. Birkett, in Holmes's "System of Surgery," quotes the records of fifty cases, all but three of which resulted fatally.

Four modes of operative interference are mentioned:

1. Opening the bladder above the pubis, as in the high operation for stone, or else simply tapping the organ in this locality;
2. Tapping the cavity of the pelvis either above the pubis, or the pelvic cul-de-sac through the rectum;
3. Perineal section, and then dilating the membranous portion of the urethra and neck of the bladder, as in the median operation for stone;
4. Opening the bladder either by the lateral or bilateral method, as in lithotomy.

The last-named is the method advocated by Dr. Mason, and successfully resorted to by him in the case he reports. He gives the credit of proposing it to Dr. W. J. Walker, of Boston.

PHILADELPHIA  
MEDICAL TIMES.  
A WEEKLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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EDITORIAL.

WHAT IS HOMEOPATHY?

ACCORDING to the census of 1870, unless our information is wholly incorrect, the proportion of homeopathic practitioners was a fraction over seven per cent. of the whole body of the medical profession in the United States. Be it remembered that this is after over thirty years of effort to propagate the doctrines of that peculiar school, and in spite of a strong tendency on the part of physicians everywhere to investigate, and to adopt if satisfactory, whatever new principle or practice promises to aid them in the battle with disease. Can it be, then, anything but the warmest enthusiasm that enables an orator before the New York State Homeopathic Medical Society to say, "Who will deny that, at no distant date, either under the name of the Homœopathic School, or adopting a title now often used synonymously,—that of the 'Modern School of Rational and Liberal Medicine,'—we may see the two great branches of the medical profession, for many years estranged and often hostile, united in one solid phalanx, under the ample folds of that banner, unfurled to the gaze of an astonished world by the genius of Samuel Hahnemann, on which inscribed in letters of living light are the words '*similia similibus curantur*,' and, actuated by that philosophic and Christian motto, *in certis unitas, in dubiis libertas, in omnibus charitas*,' marching onwards to the attainment of conquests over disease and death, such as have never yet been depicted in the dreams of the most ardent medical enthusiast?

Then will have come the millennium of medicine, God grant a consummation so devoutly to be wished!"

No doubt the homeopaths would be glad to have the profession at large adopt their absurd dogma, to which they themselves, in their practice, do not adhere. No doubt they would be glad to have us, with all the results of scientific research, and the records of past battles gallantly won or as gallantly lost, come over to their ranks. But why do they not show us one single case in which a remedy produces, in the healthy body, the genuine symptoms of a disease in which it is known to be useful? Why do they not show us that belladonna will induce something more than the most superficial and unimportant phenomena of scarlet fever? that chloral or the bromide of potassium will prevent sleep? that mercury or iodide of potassium will give rise to the essential secondary or tertiary manifestations of syphilis? How do they explain the perversity with which the entire scientific world declines to recognize them? We cannot suppose that Humboldt, Arago, Sir Humphry Davy, Agassiz, and a host of others, dead and living,—men of inquiring minds, intolerant of any bar to the freest examination of every theory or hypothesis in regard to the secrets of nature,—would have hesitated for one moment to give in their allegiance to any doctrine, if it could maintain itself by facts.

From our own free wanderings in the field of homœopathic literature, we are convinced that the more extensively regular physicians are acquainted with it, the more strengthened will they be in their sense of its absurdity. Even the advocates of that dogma find that their own school affords them insufficient nutriment; for in a recent number of one of their leading journals, out of thirty quoted items, twenty-five were from regular medical sources, three only from homœopathic; one was from a secular paper, and one was not credited at all.

We answer the question which heads this article, by asserting that homœopathy is a mere name, signifying nothing.

PREMATURE INTERMENTS.

OF all the horrors which have a fearful fascination for the human mind, perhaps that of being buried alive is the most wide-spread. And when the vast number of yearly interments is considered, it would at first sight seem as if, according to the doctrine of chances, some few persons, at least, must be consigned to the grave before the extinction of life. Every one knows of the precautions taken in

some burial-places to insure the detection of the slightest sign of returning animation; every one does not know how fruitless these have been.

The fact is, however, that in almost every instance where there is the least room for doubt, the idea must suggest itself to some one concerned. Upon no other point is certainty so feverishly sought for, so dreaded, and yet so insisted upon. Except when circumstances demand speedy burial, as in times of pestilence, this certainty is always attainable; and it is in such exceptional cases, we believe, that all the alleged detections of premature interments are said to have happened.

One fact has singularly escaped notice; and that is that, should a living person be buried, the fatal event must take place not only quickly, but easily. Under no circumstances can life be maintained without respiration; and the carbonized air enclosed within the narrow space of a coffin would in itself be a narcotic which would prevent any return of consciousness.

#### THE HORSE-INFLUENZA.

OUR readers will have had such a surfeit of items in the daily papers with regard to the influenza now prevailing among animals of the horse kind, that we propose only to call attention to a few of its more remarkable features.

In the first place, the singular rapidity of its progress precludes the idea of its spread by contagion. It was first known in Canada, less than six weeks ago, and since that time has spread over the whole of New York, and the Eastern States, and Pennsylvania, and is now (November 9) felt in Baltimore. Only if very large numbers of horses were moving in this southward direction would the theory of its propagation in this way be at all tenable. Then, again, it has affected all the horses, in small villages and in the country. Some atmospheric convection, independent of wind-currents, must necessarily be the means of its spread.

Secondly, the universality of the disease is to be noted: we may perhaps say that not a single horse has escaped, as even those which have not been actually laid up have shown the effects of its depressing influence. Mules seem less susceptible to it than horses, but many of them, and we believe all more or less, have felt it. Within the memory of the oldest horsemen there has never been such a visitation; and indeed the peculiar inconveniences entailed are such as would have impressed the recollection of an epizootic of the kind upon the minds of the public as well.

Thirdly, the exemption of all but animals of the horse kind. There have, it is true, been a few cases of influenza in the human species, but the health of the city may be said to be exceptionally good, and the mortality returns are very small. The vague rumors of horned cattle being affected, which have prevailed from time to time, are not confirmed so far.

The deaths seem to have been limited to such horses as were previously in poor condition, from age, over-work, or disease; some also, from neglect in the early stages of the epizootic, have been attacked with fatal pneumonia. It may be that, like the poison of scarlatina or smallpox, the peculiar cause of this disorder is in some cases so virulent as to hurry off the animals affected before the symptoms are fully developed; but of this the evidence is not yet satisfactory. Another cause of death has doubtless been the working of horses before they had fully recovered their strength, congestion of the lungs being especially apt to occur under such circumstances, and to run on into fatal pneumonia.

We trust that from the intelligent and careful investigation of this remarkable scourge, there may be derived some facts bearing upon the natural history and mode of propagation of the zymotic diseases which affect the human family.

#### LEADING ARTICLES.

##### "HONOR TO WHOM HONOR IS DUE."

UNDER the above caption, the *Nashville Journal of Medicine and Surgery* (Sept. 1872) finds fault with us for quoting, from *The Practitioner* of June last, a statement by Mr. Poland, made in the Guy's Hospital Reports, in regard to the treatment of subclavian aneurism by ligation of the innominate artery, without reference to the sole successful case, that of Dr. Smythe of New Orleans. We certainly should have called attention to so brilliant a triumph of surgery by one of our own countrymen; and it was solely by inadvertence that the omission occurred. It gives us pleasure now to quote the account of the operation as given in the *Nashville Journal* for October; merely premising that not only Erichsen and Gross, but Ashhurst, Hamilton, and Sir William Fergusson (with some trifling inaccuracies, in his "System of Practical Surgery," ed. of 1870), speak of the case:

"The account of this singularly successful operation was published by Dr. Smythe in the *New Orleans Medical Record*, it having been performed on the 15th of May, 1864, in the Charity Hospital of that city; the

operator was assisted by Drs. D. L. Rogers, of New Rochelle, New York (not by Dr. J. Kearney Rodgers, of New York City, now deceased), Holliday, Boyer, Bacon, and Orton. Ligatures were applied to the innominate and right carotid arteries. Fourteen days afterwards a hemorrhage occurred to syncope, but was arrested in two days by lint and compression with a weight. Small shot were next poured into the wound, and the ligature to the brachio-cephalic artery pulled away. On the 17th of June, thirty-three days after the operation, about half of the shot were picked out, when the bleeding recurred. July 5, he had a terrific hemorrhage, and the patient again fainted. July 8, fifty-four days after the first operation, the vertebral artery was tied. The circulation in the right arm now became very feeble, so that the brachial artery appeared occluded, and the limb edematous, but in a few days these unpleasant symptoms subsided. The ligature to the vertebral came away on the tenth day after it was applied, when the patient gradually improved, and was pronounced well the 15th of September, four months from the date of the operation upon the brachio-cephalic and right carotid arteries, being the first and only successful application of a ligature to the innominate.

"The operator, in this case, deduces the important lesson that whereas, in twenty recorded instances, ligature to the innominate, or subclavian artery in its first portion, *without that of the vertebral*, has proved fatal, it is reasonable to suppose that it would always do so."

#### THE RECENT ALLEGED DEATH FROM ETHER.

**I**N the last issue of this journal (Nov. 9, p. 93) we quoted at large the report given in the *New York Medical Journal*, of a case in which death was ascribed to the administration of ether. We had intended to analyze this record, but have been anticipated by Dr. H. J. Bigelow, a portion of whose remarks on the subject we quote from the *Boston Medical and Surgical Journal* of October 24:

"For ourselves, if called upon to indicate, in the absence of complete evidence, the probable cause of this death, we should perhaps rearrange the statement somewhat as follows:

"A man of nearly seventy years, reduced by a fracture near the trochanter, of eighteen days' standing, and by pneumonia, was subjected to a somewhat protracted inhalation before coming under the influence of ether. At the end of ten or twelve minutes his breathing became so feeble and irregular that etherization was suspended and artificial respiration was resorted to. In the course of four or five minutes more, there being some muscular action, the respiration being also stronger, and the pulse better, the ether was again administered, but the same bad symptoms soon supervened. On examination, the pupils were now found

to be dilated. The heart was still beating (although there was probably no pulse at the wrist), but attempts at resuscitation were this time ineffectual.

"Such an account would better accord with previous experience. The vitality of a patient enfeebled by age and disease proves to be easily depressed, and, after giving to the operator good and sufficient warning of his enfeebled condition, he succumbs; an occurrence which may serve as a fresh and salutary lesson to the surgeon to exercise care during anaesthesia by ether, and still more by chloroform, of a system thus depressed; but an accident we believe to be impossible to ether, with the pulse held and the respiration attended to.

"On the other hand, we repeat, no precaution yet devised by human ingenuity will prevent the insidious shock of chloroform, in even a small dose, from occasionally and abruptly killing a healthy subject. This is the peculiar and usual *death from chloroform*; and of its approach neither pulse nor breathing gives indication."

#### REVIEWS AND BOOK NOTICES.

**ON THE TREATMENT OF DISEASES OF THE SKIN, WITH AN ANALYSIS OF ELEVEN THOUSAND CONSECUTIVE CASES.** By Dr. McCALL ANDERSON, Physician to the Dispensary for Skin-Diseases, and to the Cutaneous Wards of the University Hospital, etc. etc. Glasgow. Crown 8vo, pp. 180. London, Macmillan & Co., 1872.

The book before us consists of two distinct parts: the first, devoted to an analysis of eleven thousand consecutive cases of skin-disease; the second part, in no way connected with the first, to the therapeutics of diseases of the skin. Ten thousand of these cases were met with in hospital practice, while the other thousand came under observation in private. The first part of the book, the analysis of the cases, appeared about one year ago in the columns of the *Lancet*, but the chapters on therapeutics, if we are correct, are new to the profession.

The analysis of this vast number of cases is extremely interesting, especially when compared with diseases of the skin as they occur in our own country, for it will be noticed at once how prevalent some of these affections are in Scotland, and how rare they are in America. For example, out of the ten thousand hospital cases there were two thousand five hundred and twenty-seven cases of scabies and as many as one hundred and fifty-six cases of tinea favosa; large numbers when compared with the statistics of our own hospitals and dispensaries. Did space permit, we should take pleasure in speaking of the work more at length, for it is a little volume which if read cannot fail to leave a most favorable impression. The chapters are written in an easy, readable style, and the cases are described with great accuracy and vividness, contrasting most pleasantly with many descriptions of these diseases which we are compelled to read. The second part of the work, on therapeutics, is particularly valuable, giving as it does merely the writer's own experience, and not the experience of others minus the author's, as is too apt to be the case with writers of the present day. One has in these few chapters on therapeutics the experience of one of the fore-

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most of modern dermatologists, given in a simple, straightforward manner, comprehensible to all. The volume is not a text-book, but reads like a series of short essays, concisely worded.

**THE PHYSIOLOGY OF MAN.** By AUSTIN FLINT, JR., M.D. Vol. iv. The Nervous System. New York, 1872.

However much we may regret that so able an investigator as Dr. Flint should be kept from original research by any other form of labor, no one can fail to see in his text-book how good a thing it is sometimes to have a review of this special science by one so gifted as an experimentalist. In fact, no one but a biologist familiar with laboratory-work could have written just the kind of volume before us, and the criticism made by one worker on the work of another is far more apt to be shrewd as well as charitable than if it is to be done by closet-scholars. The day, we trust, is over when any chair of physiology in our great schools can be filled by men who never made an original research and whose lessons must lack that vigor and freshness which comes only of having practically learned what they profess to teach. The laboratory should be to the professor of physiology what the hospital clinics are to the professor of practice. And what applies to the oral teacher fits equally well the case of the maker of text-books. He will teach best and write best who has learned his lessons from the great book of nature; and just such qualification Dr. Flint brings to his task. The result is a volume on the most difficult part of physiology, so clear, so well arranged, so concise and so interesting, that it is the book of books, both for the student and the doctor. If it errs at all, it is in the direction of too great brevity; a pardonable error nowadays. On the other hand, as models of terse physiological teaching and honest criticism, we may point to the chapters on the cranial nerves and to that on the basal ganglia of the encephalon. The latter is remarkable for the decisive refusal to concede points unproven by research, and for the frankness of admission as to our defects of knowledge.

One of the best-written chapters in the volume is that on the cerebellum, but we doubt sincerely as to whether its conclusions will be received by most biologists as correct. Indeed, had the author treated the subject with the severe logic which marks the portion last mentioned, we think he could hardly have reached the belief that the cerebellum is the organ of co-ordination of muscular acts.

The style of the book is distinct and simple; no sentence needs to be read twice because of any obscurity of statement. As to the engravings, there had better have been many more, or none.

**TWENTY-NINTH ANNUAL REPORT OF THE MANAGERS OF THE (NEW YORK) STATE LUNATIC ASYLUM FOR THE YEAR 1871.** Transmitted to the Legislature March 6, 1872. 8vo, pp. 87. Albany, 1872.

This report is a valuable contribution to the literature of insanity. Besides the regular formal report of the asylum at Utica, it contains accounts of twenty-seven fatal cases, in fifteen of which post-mortem examinations were made. An interesting outline of the action of the State of New York in regard to the care of the insane for the past twenty years is also given.

#### BOOKS AND PAMPHLETS RECEIVED.

Report on the Structure of the White Blood-Corpuscle. (Extract from the Transactions of the American Medical Association.) By Joseph G. Richardson, M.D. Philadelphia, 1872.

The Physician's Visiting List for 1873. Philadelphia, Lindsay & Blakiston.

**Modern Medicine:** a Lecture delivered October 7, 1872, Introductory to the Course at the Jefferson Medical College. By J. M. Da Costa, M.D., Professor of the Theory and Practice of Medicine. 8vo, pp. 38. Philadelphia, J. B. Lippincott & Co., 1872.

#### GLEANINGS FROM OUR EXCHANGES.

**REPORT OF A CASE OF CÆSAREAN SECTION (Lancet, Oct. 12, 1872).** By G. E. Yarrow, M.D., L.R.C.P. Lond., Medical Officer to City-Road Workhouse, etc.—On Sunday, September 15, I was summoned by a midwife attached to the City of London Lying-in Hospital, to see Maria N—, on whom she had been in attendance upwards of twenty-four hours.

On my arrival at the house, at 1.30 P.M., I learned the following particulars: The patient was thirty-four years of age, and had been married two years and a half. This was her second pregnancy, she having aborted on the previous occasion at the third month. She was the subject of rickets, had a lateral curvature of the spine in the lower dorsal region, and a curve forwards in the lumbar region. The midwife informed me that the liquor amniæ had escaped at 2 P.M. the previous day, since which time there had been little progress in the labor, and the pains were ceasing.

Upon examination *per vaginam* I found that the head of the child was pressing upon the promontory of the sacrum, and could not enter the pelvis, the antero-posterior diameter of which was about one inch and a half. I saw the impossibility of relieving the patient by craniotomy. Choice, therefore, had to be made between cephalotripsy and Cæsarean section. Under these circumstances, I sought the counsel of Dr. Burchell, the surgeon-accoucheur to the hospital. Upon examining the patient, he was of opinion that Cæsarean section would give the best chance to mother and child, in which I fully concurred.

In consequence of the poverty of the patient, and her not having had proper nourishment for several days, I suggested her removal to the workhouse infirmary, which was gladly acceded to by the patient and her friends.

At 4 P.M., all being in readiness, Dr. Aubery (Dr. Burchell's assistant) administered chloroform, and the patient was soon under its influence. Dr. Burchell, well supplied with hot wet flannels, stood on the left side of the patient, I, standing on her right, made an incision about five inches in length, slightly to the right of the linea alba, dividing the skin, fat, and rectus muscle. I then divided the two layers of peritoneum on a director. The question of the position of the placenta then occurred to me, but I could not feel any pulsation by placing my hand on the uterus; and Dr. Burchell urged me to go on with the incision through the uterine wall; this I did, and, strange to say, cut immediately upon the placenta, which was evidenced by a gush of blood. To complicate matters, an arm came through the incision. I at once enlarged the opening, pushed back the arm, removed the placenta, and, seizing the legs, withdrew the child, who gave evidence of vitality, and was removed by a nurse during the latter stage of the operation. Dr. Burchell held the edges of the uterine wound closely in contact with the edges of the external wound. No intestine was seen, but a piece of omentum came down, and was pushed up out of the way. The uterus now began to contract, and Dr. Aubery drew the edges of the external wound together by inter-

rupted suture, over which lint and strapping were placed, and over all a broad flannel bandage. The patient was then left undisturbed for two hours, during which time she took some brandy and water and beef-tea.

I saw her at 6 P.M., and superintended her removal from the labor-bed. She expressed herself as feeling comfortable. 9 P.M., has taken small quantities of brandy-and-water, beef-tea, and ice. Pulse 120.

The patient after this presented the symptoms of a low form of peritonitis, and died at 12.45 P.M., on the 20th, nearly five days from the time of the operation.

*Autopsy.*—4 P.M.: Body badly nourished; measured only four feet two inches. The thighs were bent forwards, and legs outwards. Between the sutures the wound was gaping. The uterine wound measured one inch and a half; was open and smelt very offensive; there was a small quantity of dark-colored blood in the pelvis. The intestines and their peritoneal covering were healthy, but that investing the posterior portion of the pelvis was inflamed. With the husband's permission I have possession of the pelvis, which I propose adding to the collection of the Obstetrical Society.

The infant, a female, is progressing very satisfactorily, and has been taken from the workhouse by the father.

The *British Medical Journal* of October 19 says that this operation was recently performed in a case of extra-uterine foetation, at the Hospital for Women (London), with a fatal result.

**HISTORY OF ANÆSTHETICS** (Dr. G. Vivian Poore, *Lancet*, October 12, 1872).—A few words on the history of anæsthetics will not, I think, be unprofitable. To us whose medical recollections do not extend very far it is a matter of wonder that capital operations could be performed at all in what may be called the pre-anæsthetic period. A few years back I met a middle-aged sailor whose thigh had been amputated in the Black Sea, during the Crimean war, without chloroform. I inquired of him if the pain were not something very awful; but he assured me that in his case the suffering was not very intense, "for you see, sir," he said, "they gave me the best part of a bottle of rum before they began, and I didn't find much of it." In point of fact, they first made him drunk, and then operated. There is no doubt that before the introduction of chloroform it was very commonly the custom to give various narcotics and stimulants before submitting patients to the knife. Dioscorides, a writer on *materia medica* who lived A.D. 50, says that "decoction of mandragora is to be given to those who require to be cut or cauterized, when, being thrown into a deep sleep, they do not feel any pain." This may be regarded as the first mention of anæsthetics, and there is abundant proof that between A.D. 50 and 1846, this rough and imperfect form of anæsthetisation was frequently had recourse to. About the year 1798 Sir Humphry Davy discovered the anæsthetic properties of nitrous oxide; and in 1844, Dr. Horace Wells, of Hartford, Conn., U.S., had a tooth removed without pain whilst under its influence. In 1818 an article appeared in the *Quarterly Journal of Science and Arts* in which the resemblance between the effects of the vapor of ether and nitrous oxide is pointed out. In September, 1846, Dr. Morton, of Boston, U.S., drew a tooth while the patient was under the influence of ether vapor; and in the following month Dr. Warren, of Boston, removed a large and very vascular tumor from the lower jaw, the patient being anæsthetized. Anæsthetization had its origin in Boston, U.S.

In December, 1846, ether was first used in this country by Mr. Robinson, a dentist of Gower Street, who first administered the ether and then pulled the tooth. The first operation of magnitude which was performed

under ether in this country was an amputation of the thigh by Liston in the theatre of University College Hospital, on December 21, 1846. I have had a description of what took place from an eye-witness. Liston informed the students that they were going to try a "Yankee dodge for making a man insensible to pain, and that Mr. Squire, the chemist, was going to administer ether." While the etherization was progressing, Liston stood in a semi-impatient and incredulous way, balancing his knife and playing with its point. At last came the signal "He is ready, sir," and in another instant almost the thigh was off, the patient not taking the least notice of the operation. Liston was astonished, as well he might be, and summed up his opinion of etherization in these words, "Good God! why, it's better than mesmerism!"

In 1847, Jacob Bell and Sir William Lawrence used chloric ether; and in November of the same year, Sir James Simpson, at the suggestion of Mr. Walde, of Liverpool, was led to try chloroform as an anæsthetic, and with what result you all know.

**ON THE USE OF BATHS IN ACUTE RHEUMATISM, ATTENDED WITH HEAD-SYMPOTMS AND HIGH TEMPERATURE.** By Dr. Henry Thompson, of the Middlesex Hospital (*British Medical Journal*, August 3, 1872).—A case has lately occurred in the Middlesex Hospital illustrating the beneficial effects of the bath in acute rheumatism, attended with head-symptoms and high temperature. Dr. Thompson, in his remarks on the case, observes that it is only now and then, in a few rare and scattered instances, that acute rheumatism proves fatal by an unexpected outbreak of overpowering nerve-symptoms, and such a result would have ensued in the instance recorded, according to Dr. Thompson's opinion, if the bath had not been used. The fatal issue in similar cases was formerly referred to the occurrence of metastasis, meningitis, and the like, but now it is said to be due to hyperpyrexia. To this last term, if used in a practical sense, Dr. Thompson makes no objection, as the importance of very high temperature cannot be overrated as a symptom; but in a pathological point of view he thinks that its influence has been exaggerated, for the nerve-symptoms invariably precede the hyperpyrexia. Nevertheless a high body-heat, ranging from 108.6 degrees to 112, is incompatible with life, and it is necessary to lower it by such means as are available, and Dr. Thompson thinks that the use of the bath is the best therapeutic agent. The temperature of the bath is 90 to 95 degrees in the first instance, and is gradually reduced by the addition of cold water to 70 degrees. The clinical thermometer must be practically the best guide for the employment of the bath, for at a lower body-temperature than 102.5 degrees it would not be desirable to use it. It is important to observe that, in the case recorded by Dr. Thompson, the most severe and extensive chest-complications, such as pneumonia, pleurisy, bronchitis, and pericarditis, underwent no perceptible change for the worse in consequence of the bath. The case itself is recorded at length, with the thermometrical observations taken at frequent intervals from day to day, and the effects produced by the baths, which were eight in number, are accurately noted. The case, however, although terminating in recovery, was a tedious one, and the convalescence was exceedingly slow.

**CARBAZOTATE OF AMMONIA TO SUPERSEDE SULPHATE OF QUININE (Ib.).**—In a recent communication to the Société de Thérapeutique de Paris, Dr. Dujardin-Beaumetz investigated the character, properties, and uses of carbazotate of ammonia (combination of ammonia with carbazotic, picric, or trinitrophenic acid), especially as a therapeutic successor to sulphate of quinine. After relating the successful employment of this salt in inter-

mittent fever by Braconnot, Calvert, Aspland, Bell, Chazereau des Thureaux, Manopa, etc., Dr. Beaumetz gave the results of six cases treated by himself, and of various experiments carried on upon animals and man. Like quinine, carbazotate of ammonia diminishes the strength of the pulse, and brings on heaviness, cephalgia, and even delirium, and is eliminated by the kidneys. These effects have again been stated by Dr. Beaumetz. As to the clinical results they may be summed up thus:—Case 1: Quotidian ague; recovery after four days' treatment; daily dose from one to two centigrammes of the substance in pills. Case 2: Quotidian ague (sulphate of quinine having been given without effect); complete recovery after five days; five pills used. Case 3: Tertian ague; recovery after eight days; two pills a day. Case 4: Quotidian ague; recovery after eight days. Case 5: Facial neuralgia; speedy recovery. Case 6: Tertian ague; sulphate of quinine had been administered during seventeen days with no result; completely cured after the administration of six centigrammes (about one grain) of the salt for two days.

Dr. Beaumetz draws the following conclusions from the various facts observed in his six cases or brought out by his experiments: Carbazotate of ammonia is very efficacious in intermittent fever; the suppression of the paroxysms may be obtained by the use of two to four centigrammes (one-third to two-thirds of a grain) daily; given in these doses the drug has never had any bad effects, and seems to be better tolerated than sulphate of quinine; the physiological action of the substance closely resembles that of sulphate of quinine.

DENGUE (*Madras Monthly Journal of Medical Science*, May 1872).—Surgeon Sparrow, of the 89th Regiment, gives an account of the dengue fever as observed in Cannanore, among officers and troops who had just arrived from Aden, where dengue was prevailing. Isolation proved successful in preventing the extension of the disease. A general uniformity of symptoms characterized all the cases. There was a sudden invasion of the disease by pain of the limbs, followed by the hot stage of fever, intense frontal headache, furred tongue, acute pain of the joints (the most marked symptoms during the progress of the disease), the pain so severe in some cases that the patient was seen to fall to the ground as though paralyzed; the stage of pyrexia lasted three days, when, with the exception of continued pain in the joints, all the symptoms were relieved; there was a clean tongue, normal pulse, cool and moist skin. On the fifth day a burning pain of the palms of the hands was complained of; on examination they were found to be swollen and covered with red-colored blotches. The eruption then extended up the arms, and in most cases the entire body became covered with the erythematous eruption, resembling that of scarlatina; fever returned and lasted twenty-four hours; after which there was a gradual abatement of the symptoms, but soreness of the feet and swelling of the hands, with inability to close them, continued. In many the pains in the joints continued at intervals for a month. No delirium attended any of the cases. Except in one or two cases where there was slight diarrhoea, there were no sequelæ; relapses, consisting of increase of articular pain, with slight return of fever, were observed in three or four.

ASPIRATION IN HYDROCEPHALUS (*Deutsch. Archiv für Klin. Med.*, July 26, 1872).—Dr. Buttenwieser communicated a case of hydrocephalus in a boy of 26 weeks of age treated by aspiration with the syringe of Bergsen. The circumference of the head measured 54 cm. The deformity of the head was very marked (*tête carree*). The needle was entered to the left of the median line at a point of greatest prominence. The body of

the syringe filled at once, and was emptied into a glass through the side tube. After the removal of about  $\frac{1}{2}$  lb, both sides of the head had collapsed considerably and the needle was withdrawn. The whole operation was performed without accident. The child cried throughout, and became pale towards its close.

Chemical examination of the fluid showed water 98.34, albumen 0.33, organic matter 0.41, ash 0.82. The organic matter consisted of fat, cholesterine, and traces of urea. The ash was chiefly composed of common salt and phosphate of soda.

The wound was closed with plaster. For a few days there was no change in the child's condition, but the fluid had reaccumulated in 24 hours to its former amount. Compression with plaster bandages was now undertaken. The child became worse, the fluid continued to accumulate with all the symptoms usual to compression, and death occurred in eleven days after the operation.

HYDATID CYSTS PASSED BY THE RECTUM.—Dr. C. C. Sherard, of Mobile, Ala. (*Med. and Surg. Reporter*, Aug. 17, 1872), records a case in which a woman, aged twenty-nine, after nearly two weeks of pelvic trouble, with supposed retroversion of the womb, the replacement of which was twice attempted, suddenly expelled *per rectum* "a large quantity" of hydatid cysts; the discharges continuing for five days. An attack of peritonitis then declared itself, and lasted some days. On the 21st, another series of evacuations of hydatid cysts began, and lasted thirty-six hours. After this she had a thrush-like exudation in the mouth and fauces, and then a severe "pelvic cellulitis" with abscess. The "ulcer in the bowel, where the hydatids had passed through," was discovered by Drs. Gaines, Gilmore, and Sherard, by rectal exploration. During the night of May 2, about a quart of very fetid watery liquid gushed from the vagina, and this flow continued all day. May 5, "she passed a lump from the rectum about the size of a hen's egg, which she says looked like a piece of boiled gristle; from her description of it I was induced," says Dr. S., "to believe it was the base of the hydatids." Recovery was complete by the 10th of May.

SCIATIC HERINA.—Dr. Marzolo of Padua has related the case of a woman who first came under notice in 1847, at the age of 30. Ten years previously she had observed a small swelling in the left buttock; it disappeared when she lay down, but reappeared in the erect position and gradually increased. She had had four abortions, and borne one healthy child. When seen, the hernia extended over a part of the buttock, as far as the trochanter, and forward to the groin. The abdominal wall was retracted. On lying down or sitting, the greater part of the contents of the swelling could be returned into the abdomen; defecation and coition were difficult. Last year the patient again came under observation. Her condition had changed but little; but the hernia was now irreducible, and at the lower part there were dulness on percussion and fluctuation. A puncture was made, and nine litres of fluid removed. Diarrhoea set in, and the patient soon died. No post-mortem examination could be obtained.

CHLORIDE OF POTASSIUM IN EPILEPSY (*Echo Méd. et Pharm. Belge*).—Dr. Lander advocates this salt as better than bromide of potassium in epilepsy. He finds it is more active, costs five-sixths less, and has not the inconvenience of the secondary effects of bromide of potassium. He begins with small doses, and has continued the use of the drug for several months without any bad consequences, in daily doses of from 3 grammes 50, to 5 grammes 50 (1 to 2 drachms). Moreover, Dr. Lander thinks that the bromide is converted into a chloride in the stomach, so he suggests the immediate use of the chloride.

**ENORMOUS BRAIN IN A BOY.**—The *British Medical Journal* of October 19 says, "A boy thirteen years of age died in the Middlesex Hospital, a few days since, from injuries caused by a fall from an omnibus. His brain after death was found to be very large, and to weigh fifty-eight ounces,—about eight ounces above the weight of the average male adult brain. He had been a particularly healthy lad, without any evidence of rachitis, and very intelligent."

### MISCELLANY.

THE *Lancet* of October 12 says, "The success of the British Association for the Advancement of Science has stimulated our neighbors across the channel to imitate its constitution and proceedings; and the late meeting at Bordeaux may be regarded as representing the complete formation of the corresponding Association in France. Already upwards of 700 members have enrolled themselves on its books, and its capital amounts to 137,000 francs, or to between £5000 and £6000. M. Combes was originally nominated President, but died almost as soon as the Society was formed. M. Claude Bernard was then chosen, and is the present and practically the first President. He too, however, was unfortunately prevented by indisposition from making an inaugural address, and the duty devolved upon M. de Quatrefages. In the course of this, after referring to the disasters of the country, he observed that in these days the greatness of a State is not measured alone by the extent of its territory or the number of its inhabitants, and competition does not take place alone on the field of battle. 'Now more than ever the domain of intelligence, the platform of science, have also their battles, their victories, and their laurels. The scientific worker is also a soldier, and can experience the excitement of strife and the intoxication of success; but, more fortunate than the soldier, he has no general above him who can carry off the honor that should belong to another. However small may be his merit, he at least receives all the credit due to him. The successful worker, moreover, not only experiences the pleasure of gratified self-love, but he may feel also with patriotic ardor that his work reflects honor upon his country. . . . I have recently assisted at similar meetings,' says M. de Quatrefages, 'in Belgium, Italy, and Denmark,—the first, in the calm of her neutrality; the second, in the midst of her efforts to possess a new future; and the third, in grief and sorrow,—and find that they all obtain in the double love of science and of country stimulants or consolations unknown to ambitious egotism. At Brussels, in the celebration of the hundredth anniversary of the Academy, it was said, 'Belgium is but little in the political world, but it has enlarged that of the intellect, and shall do so still more.' At Bologna, in presence of the splendors of an extinct civilization, they said, 'We will resuscitate it.' At Copenhagen they said, 'Denmark may perhaps disappear from the map; we will make it live again in our works.'

France, too, has its bleeding wounds and material mutilation; to men of science it remains to bring noble compensation for its evils."

The sections into which the Association has been divided are nearly the same as those of the English Association,—comprising mathematics and astronomy, navigation and the military art, physics, chemistry, meteorology and physical geography, geology and mineralogy, botany, zoology, anthropology, medicine, agronomy, geography, economy, and statistics.

At this the first meeting several general addresses were read: one by M. Laussedat, on the services that modern science can render the military art; a second by M. Le Fort, on reform of French military surgery. The papers read appear to have been both numerous and interesting. They include one by M. Dupuy, on animal heat; one by M. Bitot, on the use of veratrina in cardio-vascular affections; and others on lympho-sarcoma, on the recovery of sensibility and motor-power after section of nerves, on a new mode of termination of nerves, and on the physical contractility of the non-living animal tissues, by MM. Trélat, Rubio, Bouillaud, and others.

We can only wish the Association God-speed, and hope it will advance with steps as rapid as those of the British Association.

**QUADRUPLE AMPUTATION.**—In the autumn of 1869, Dr. Begg, of Dundee, amputated the whole of the extremities in the case of a young woman named Robertson, whose hands and feet had assumed a gangrenous condition, the proximate cause of which was considered to be embolism. After the operation, a subscription was raised, and the poor woman sent to London, where, at the request of some influential friends of hers, Mr. Heather Bigg constructed for her some especially devised prosthetic appliances, in which the distinguishing features were, that the artificial hands were automatic in action, opening and shutting their fingers at the will of the patient. This peculiar prehensility gave her the power of grasping even so small a substance as a crochet-needle, and enabled her to gain a comparatively lucrative livelihood by making shawls, etc. So admirably did she do this, that one was sent by her to the Queen, who, struck by the excellence of the workmanship and the remarkable means by which it was accomplished, generously gave the poor woman £5. The artificial legs were also so arranged as to enable her to stand and walk with the aid of crutches. Three years have passed since she first began the use of extraneous appliances, and she now writes an admirable hand, besides knitting, feeding and dressing herself, etc. "In a communication made by her a few days since, which is now before us," says the *British Medical Journal*, "she writes that she can walk alone quite easily with the aid of crutches, and that no one can observe the cause of her lameness. The case is one of no common interest, owing to its being the only one on record in which the whole of the four extremities have been removed. Apart from its pathological value, as indicating how

life may be saved by judicious interference in cases of embolic gangrene, there remains the gratifying result that, by the use of ingenious mechanism, the patient is enabled to gain her living, whilst presenting nearly the same external appearance as if she still retained possession of her natural limbs. It is a unique case, and a triumphant instance of mechanical ingenuity."

A RELIABLE TEST OF DEATH.—In 1870 a prize of twenty thousand francs was offered by the Academy of Sciences of Paris for the discovery of some positive sign of death, one which can be applied at any time by non-medical persons, requiring no apparatus, and unmistakable in its indications.

Of course a number have been proposed. The latest, and so far the best, is that suggested by Dr. Hugo Magnus, of Breslau, in *Virchow's Archiv* for August 19, 1872. It is simple, physiological, and conclusive, being based on the fact that when the circulation positively ceases the man is dead. No matter how profound the coma or trance, no matter how death-like the lethargy, some circulation *must* continue, be it ever so sluggishly. Once it has stopped, resuscitation is impossible.

All that one has to do, therefore, is *to tie a string firmly around the finger of the supposed corpse*. If there is the least spark of life left, that is, if the blood circulates at all, the whole finger, from the string to the tip, will gradually turn a bluish red, from the engorgement of the veins. Nothing else, no post-mortem infiltration, can be mistaken for this appearance.

The *Medical and Surgical Reporter* justly attributes great importance to this suggestion, and considers it the most practical and satisfactory yet made.

MEDICAL REFORM IN FRANCE.—*Le Mouvement Medical* says that it is announced that the Government will submit, at the next session of the Chamber of Deputies, the scheme of a law looking to the establishment of several Faculties of medicine in France. It is contemplated to greatly enlarge both the buildings and the means of instruction of the schools at Paris and Montpellier; and new schools will subsequently be created at Nancy, Lyons, Bordeaux, Nantes, Lille, and Toulouse. The Faculty at Nancy will be specially charged with the duty of following the improvements made (*les progrès accomplis*) in the German universities, and communicating them to the other Faculties in France. The latter will be more particularly devoted to the training of medical practitioners.

The writer remarks, "If the Government really entertains the designs ascribed to it, we should be glad to know how the sentinel-faculty at Nancy is to instruct the rest, and what the professors of these other schools will have to do if they are not to keep themselves *au courant* with the work going on in all countries."

INOCULATION OF SMALLPOX BY SKIN-GRAFTING (*Brit. Med. Jour.*).—In a recent discussion on skin-grafting in the Berlin Medical Society, Herren Hahn and Zülzer referred to an instance recorded in the *Deutsche Militärärztliche Zeitschrift*, in which portions of skin for

grafting were taken from the amputated limb of a woman in whom, the day after the operation, the eruption of smallpox appeared and proved fatal. One of the four patients on whom the skin was grafted had smallpox in a mild form. He was, however, a man of intemperate habits, and died, according to Herr Zülzer, of pneumonia.

A MEDICO-LEGAL CASE (*Lyon Medical*, September 1, 1872).—A female at full term of pregnancy died of cholera in Vienna. The physician in attendance was arrested for not having performed the Cæsarean section *post-mortem*. The college of physicians of the Vienna faculty, being interrogated as experts, declared that the physician did not arrive until one hour after the death of the woman, and that the fetus does not survive the death of its mother more than five or six minutes. Besides, the annals of science show that in cases of cholera, the death of the fetus always precedes the death of the mother. The physician was accordingly discharged.

PRINCE BISMARCK, says the Vienna correspondent of *Le Mouvement Medical* (Oct. 4), has proposed the foundation of an imperial institution to deal with all questions concerning public health. Among the medical authorities consulted in regard to it are mentioned Warrentrapp of Frankfort, Reclam of Leipsic, and Hirsch of Berlin. The law carrying out this idea was to be speedily submitted for consideration by the Council of the Confederation.

The same writer notes the death of Prof. Ebert, director of the clinic for children's diseases at the Charité Hospital in Berlin. His place will probably be taken by Dr. Henoch.

WORCESTER CITY HOSPITAL.—By the fortunate termination of a will case, the city of Worcester becomes possessed of about \$100,000, to be held in trust for the establishment of a free hospital. The property was left to the city by Deacon I. Washburn, as a memorial of his two deceased daughters. The city also holds in trust a large bequest (nearly \$500,000) from the late George Jaques, for the same purpose. It is proposed to unite the two bequests, for the more satisfactory accomplishment of the object.

DONATIONS TO HOSPITALS.—The National Orthopaedic Hospital (London), the Infirmary for Epilepsy and Palsy (London), and the East London Hospital for Children, have each received donations of £1000, anonymously. The latter is the fourth gift of the same amount received by that institution from the same source.

A USEFUL FORM OF DISINFECTANT has been recently brought into use in England, namely, sawdust soaked in a saturated solution of carbolic acid. It is convenient for many purposes, cheap, easily prepared, and not liable to be swallowed accidentally, as ordinary liquid disinfectants are.

DR. C. B. BRIGHAM, of Boston, was, on the 8th of August last, decorated by the Emperor of Germany

with the Imperial Order of the Crown, for his valuable and meritorious services rendered alike to wounded German and French soldiers in the hospital at Nancy in the recent war.

**THE LYONS MEDICAL CONGRESS.**—A French correspondent writes to the *British Medical Journal*, under date of the 27th September, " You have announced the programme of the Medical Congress of Lyons, and we have realized it. I know not how to figure to you the events of this Congress, so as to give you a lively image of what has passed. After taking part in your English meeting of the British Medical Association, I see here something so different that it afflicts me to describe it to you. Want of order, want of brevity, want of arrangement, want of practical common sense,—an egotism which sacrifices one's multitudinous surroundings to one's personality,—the desire to appear wise, the love of long-sounding phrases, want of conscience and of severe introspection,—that is how the work of my own compatriots now shows itself to me when I come to it fresh from the emotions awakened by your grand, quiet, well-ordered, unostentatious British Medical Association. We have no sections, no limit of speech, no sifting committees; the whole Congress must assist at the apotheosis of each man's vanity; and hours pass themselves in diffuse, wordy, and I-would-be-eloquent orations, which have commonly been only the warmed-up dishes that have graced more than once the banquets of our French societies, and for which now a provincial celebrity is sought. This is considered improving the occasion. Each orator, as he descends from the tribune which he has occupied for half an hour or an hour, asks his friends and himself, not ' What have I taught ? How have I advanced the objects of the Association ? ' but ' Have I made a brilliant improvisation ? ' ' Was my speech full of *entrain*, or erudition ? ' Twelve mortal sittings did we endure, with gradually thinning audiences. The result has been, I fear, a death-blow to French congresses,—platiitudes, verbosity, egotism, dulness, but not one addition to our knowledge. Looking through the notes of all the sittings, I cannot find one paper really worth transcription; but, with the help of the official *procès-verbal*, I may be able to pick out enough of abstracts to fill a page or two which will not be wholly novel, and will preserve in your pages some sort of record of the fourth annual congress in the first year of the revenge of our beloved France. Alas ! it is not thus that we shall rise above the level of our too pressing neighbors, or teach them to keep their place."

**BLOCKADING CHOLERA.**—In the *Gazette Médicale d'Orient*, we have an editorial article, as well as the report of a speech of M. Pardo, before the Imperial Society of Medicine at Constantinople, denouncing in powerful terms the evils brought on by an attempt to blockade an epidemic of cholera within the quarter of Kassym-Pacha, by placing guards around it, who were ordered to bar all egress. This was done by a commission of seven medical men,—one of whom, however, resigned on seeing the results. These are described as

most deplorable. No increased cleanliness, no fresh supplies of water—so much needed in Constantinople—were given; terror spread through the unfortunate quarter, which contained a population of 25,000, and the sick were in many cases allowed to die unattended. The inhabitants, deprived in many cases of their means of subsistence, were allowed twopence per head daily. Some managed to corrupt the guards; others forced their way through with arms in their hands. The quarantine, of course, failed; but the neighboring quarter of Haas-Keny was included in the blockade, and with the same unsuccessful results. According to the *Gazette Médicale d'Orient*, from the 2d of October to the 12th of December, 1871, there were, by official returns, 2914 deaths from cholera, a mortality of 62 per cent. on those seized. The writer in the *Gazette Médicale* thinks this much underrated. He and M. Pardo, instead of despotic measures of quarantine which have always failed, advocate a plentiful supply of fresh water, increased cleanliness, and recommendations addressed to the people to practise temperance and proper hygienic precautions. The population of Constantinople is stated to be about a million, most of whom live in complete negligence of hygienic laws.

**THE MEDICAL PROFESSION IN BOSTON.**—From the recently issued Medical Register of Boston and its vicinity, we learn that the number of physicians, members of the Massachusetts Medical Society, residing in and about Boston, is three hundred and thirty-nine.

**MORTALITY OF PHILADELPHIA.**—The interments reported at the Health Office for the week ending Nov. 9, 1872, were 225; of which 7 were of bodies brought from the country; making the mortality in the city 218; of the whole number, 122 were of adults, and 103 of minors. Among the causes of death were :

Consumption of the Lungs . . . . .	38
Other Diseases of the Respiratory Organs . . . . .	37
Diseases of the Circulatory Apparatus . . . . .	12
Diseases of the Brain and Nervous System . . . . .	31
Diseases of the Digestive Apparatus . . . . .	14
Zymotic Diseases (2 from Smallpox) . . . . .	13
Typhoid Fever . . . . .	5
Cholera Infantum . . . . .	3
Casualties . . . . .	9
Debility (including "Inanition" and "Marasmus") . . . . .	13
Still-born . . . . .	6
Old Age . . . . .	7

The meteorological record kept at the Pennsylvania Hospital was as follows :

	THERMOMETER.		(2 P.M.)
	Max.	Min.	
Nov. 2 . . .	52.5°	45.0°	30.13 in.
" 3 . . .	49.0	45.0	30.10 in. (Rain.)
" 4 . . .	52.5	41.5	30.38 in.
" 5 . . .	55.0	39.5	30.45 in.
" 6 . . .	55.0	49.0	30.30 in. (Rain.)
" 7 . . .	53.0	50.0	29.78 in. (Clearing.)
" 8 . . .	50.5	44.0	29.95 in.
" 9 . . .	53.0	38.0	30.16 in.